

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable

Form (CRF)?:: No

Number of copies of CRF::

Title:: SYSTEM AND METHOD FOR READING POWER
METERS

Attorney Docket Number:: 13443-2

Request for Early

Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: Yes

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Maurice

Middle Name::

Family Name:: Tuff

Name Suffix::

City of Residence:: Witless Bay

State or Prov. Of

Residence:: Newfoundland

Country of Residence:: Canada

Street of mailing address:: 1 Tuff's Road

City of mailing address:: Witless Bay

State or Province of

mailing address:: Newfoundland

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: A0A 4K0

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Stephan

Middle Name::

Family Name:: Gagnon

Name Suffix::

City of Residence:: Laval

State or Prov. Of

Residence:: Quebec

Country of Residence:: Canada

Street of mailing address:: 228 Médard-Bourgault

City of mailing address:: Laval

State or Province of

mailing address:: Quebec

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: H7L 3W3

Correspondence Information

Correspondence Customer

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E-Mail Address:: torsi@bereskinparr.com

Representative Information

Representative	
Customer Number::	001059

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claimed
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Assignee Information

Assignee name:: Blue Line Innovations Inc.
Street of mailing address:: P.O. Box 39036
City of mailing address:: St John's
State or Province of mailing address:: Newfoundland
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: A1E 5Y7